

## **Cooley's Anemia Foundation 2026-2027**

### **Educational Incentive Award Program for Children of**

### **Individuals with Thalassemia**

The Cooley's Anemia Foundation is initiating an educational incentive award program for children of U.S. individuals with severe thalassemia to further their education and career goals. These awards will be given in March 2027 for students enrolled in the fall 2026 and/or spring 2027 semester(s). The total amount of funding for this program for the current 2026-2027 school year is \$10,000.

#### **Requirements:**

- ◆ Applicant must be the child of a parent(s) diagnosed with one of the following forms of thalassemia: thalassemia major, thalassemia intermedia, e beta thalassemia, hemoglobin H disease, or hemoglobin H constant spring.
- ◆ The parent of the applicant who is a person with thalassemia must be registered with the Cooley's Anemia Foundation. (If you are unsure of registration status, please contact [escott@thalassemia.org](mailto:escott@thalassemia.org)).
- ◆ Applicant must be a child of a citizen of the United States.
- ◆ Applicant must submit an official bursar receipt and a copy of a class registration for the fall, 2026 or spring, 2027. ***This must include all classes applicant is currently enrolled in as well as the cost for the semester.***
- ◆ Applicant must submit a copy of the course requirements necessary for the certificate or degree sought as outlined by the institution.
- ◆ Applicant must submit a **double-spaced, typed, 250-word essay explaining his/her goals.** Include a brief description of applicant, information on the educational program or degree sought and future goals after completing the degree or program. If an applicant has applied previously, they cannot use the same essay as submitted in previous years; a new essay must be submitted.
- ◆ **Please note the application must be submitted from the applicant (child of the patient) not the applicant's parent.**

Some suggested topic guidelines for the essay are listed below. Applicants are **NOT** required to use these topics; they are provided merely as a guide:

What is your major and why did you select it? What do you plan to do with this education after graduation? Have you interned in this field? If yes, tell us about your interning experience.

How has the fact that your parent(s) has thalassemia impacted your life? What lessons have you learned from your parent? What would you like people to know about living in a family influenced by thalassemia?

Do you volunteer for a cause/organization? What interests you about this cause? What do you do for the cause/organization? How has your volunteerism changed your views, goals and ideas? How do you feel you can improve the organization?

The complete application (including essay and requested support material) must be received by the Cooley's Anemia Foundation by February 5, 2027.

**PLEASE NOTE: NO EXTENSIONS WILL BE GRANTED. INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER FEBRUARY 5, 2027 WILL NOT BE CONSIDERED.**

Award recipients will be notified and disbursed in March 2027.

**Please note:** It is the goal of The Cooley's Anemia Foundation to fund all complete, eligible applications received by February 5, 2027. However, in the event that the number of applicants exceeds the amount of funding available for these Incentive Awards, the Foundation reserves the right to make adjustments as necessary in the number of awards given and/or the level of funding for each successful applicant.

**The incentive awards will be given out as follows:**

- ◆ \$1,000 will be awarded to students enrolled in Baccalaureate, Master or Doctorate programs. Patients may receive four undergraduate, two master and two doctorate level awards over the course of their studies.
- ◆ \$500 will be awarded to students entering or continuing full time studies towards a two-year Associate degree, one-year certificate program or 6-month certificate or vocational training program. These are limited to two per applicant over the course of his/her pursuit of a two-year Associates degree, or one per applicant for a one-year or 6-month certificate or vocational training program.

***Please note: the amount of your award cannot exceed the cost of your tuition or any full scholarships you may have received.***

**For more information, email [escott@thalassemia.org](mailto:escott@thalassemia.org).**

**\* Incomplete applications or those that do not follow the required guidelines or those received after the deadline will not be considered.**

## **APPLICATION CHECKLIST**

Your application must contain each of the following and be received by CAF by February 5, 2027, in order to be considered:

- Application form
- Consent form for personal information
- Official Bursar receipt for current registration period
- Copy of a class registration for the fall, 2026 or spring, 2027. This must include all classes applicant is currently enrolled in as well as the cost for the semester.
- Copy of the course requirements necessary for the certificate or degree sought as outlined by the institution.
- Double-spaced, typed, 250-word essay explaining your goals

Please email completed application to [escott@thalassemia.org](mailto:escott@thalassemia.org) or mail to Cooley's Anemia Foundation, Patient Incentive Awards, 330 Seventh Ave #200, New York, NY 10001. Completed applications must be received by February 5, 2027.

**PLEASE NOTE: NO EXTENSIONS WILL BE GRANTED. INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER FEBRUARY 5, 2027 WILL NOT BE CONSIDERED.**

**COOLEY'S ANEMIA FOUNDATION**  
**2026 - 2027 INCENTIVE AWARD APPLICATION FOR CHILDREN OF PATIENTS**

*Please print or type the information. Return to [escott@thalassemia.org](mailto:escott@thalassemia.org) or mail to Cooley's Anemia Foundation, Patient Incentive Awards, 330 Seventh Ave #200, New York NY 10001. Completed application packages must be received by February 5, 2027.*

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of parent:** \_\_\_\_\_

**Please indicate thalassemia diagnosis of parent:** \_\_\_\_\_

**Are you a resident of the United States?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Type of program or degree sought (please check one):**

\_\_\_\_\_ **6 month certificate or vocational-training program**

\_\_\_\_\_ **1 year or more certificate program**

\_\_\_\_\_ **Associate Degree**

\_\_\_\_\_ **Bachelors Degree**

\_\_\_\_\_ **Masters Degree**

\_\_\_\_\_ **Doctorate Degree**

**Name of Certificate Program or Area of Concentration (Major):**

\_\_\_\_\_

**Name of College, University or School offering program:**

\_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSENT FORM FOR PERSONAL INFORMATION

**This form must be completed, signed and returned with your application.  
Applications returned without this form will be considered incomplete.**

☐ **I consent to allowing the Cooley's Anemia Foundation, Inc. use of my name and other personal information for the following purposes:**

(please check)

\_\_\_\_\_ LIFELINE newsletter and other Cooley's Anemia Foundation printed materials as well as our website

It is my understanding that any information that I provide to the Cooley's Anemia Foundation may appear in advertising, publicity, films/video or other promotional materials for either public relations, public information or fundraising purposes benefiting the Cooley's Anemia Foundation. I further agree that I do not expect to receive compensation for the use of any such information.

I am providing the following information for use by the Cooley's Anemia Foundation. *(Please complete and sign the lower portion of this form.)*

☐ **I do NOT consent to the use of my name or other personal information for any of the purposes listed above.** *(Applicants still must complete and sign the lower portion of this form.)*

\_\_\_\_\_  
Name of applicant (please print)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if applicant is under 21)